

<b>Case Number:</b>	CM14-0068657		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/26/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female who reported an injury to her low back and left upper extremity. The utilization review dated 05/01/14 resulted in certifications for the continued use of Prilosec and Ibuprofen. Clinical note dated 02/12/14 indicates the injured worker continuing with the use of both Prilosec and Ibuprofen. Progress note dated 01/15/14 indicates the injured worker complaining of cervical and lumbar region pain. Diminished sensation was identified in the C6 distribution of the left upper extremity. The clinical note dated 04/24/14 indicates the injured worker being recommended for the continued use of ibuprofen. Diminished sensation continued in the C6 distribution of the left upper extremity. Additionally, diminished sensation was identified at the left second and third toes.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

**Decision rationale:** The injured worker is a 52 year old female who reported an injury to her low back and left upper extremity. The utilization review dated 05/01/14 resulted in certifications for the continued use of Prilosec and Ibuprofen. Clinical note dated 02/12/14 indicates the injured worker continuing with the use of both Prilosec and Ibuprofen. Progress note dated 01/15/14 indicates the injured worker complaining of cervical and lumbar region pain. Diminished sensation was identified in the C6 distribution of the left upper extremity. The clinical note dated 04/24/14 indicates the injured worker being recommended for the continued use of Ibuprofen. Diminished sensation continued in the C6 distribution of the left upper extremity. Additionally, diminished sensation was identified at the left second and third toes.

**Ibuprofen 800 mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medications Page(s): 67.

**Decision rationale:** The request for Ibuprofen 800 mg #40 is not medically necessary. The clinical notes indicate the injured worker utilizing Ibuprofen for long term care. The continued use of nonsteroidal medications is indicated provided the injured worker meets specific criteria to include a significant reduction in the injured worker's pain scores as well as objective functional improvement. No objective data was submitted confirming the injured worker's positive response to the use of this medication. Therefore, the continued use is not supported at this time.